## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000116745

Entity Name: FROJONAVIER ENTERPRISES, INC.

FILED Oct 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

324 GUAVA AVE 14727 94 STREET N

WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33412

Current Mailing Address: New Mailing Address:

324 GUAVA AVE 14727 94 STREET N

WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33412

FEI Number: 20-1480739 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: IN FILE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 LOUIS, ROLKAME A
 Name:
 LOUIS, ROLKAME A

 Address:
 324 GUAVA AVE
 Address:
 14727 94 STREET N

City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33412

Title: VSTD () Delete Title: VSTD (X) Change () Addition

 Name:
 LOUIS, VILNER
 Name:
 LOUIS, VILNER

 Address:
 324 GUAVA AVE
 Address:
 14727 94 STREET N

City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VILNER LOUIS VSTD 10/02/2005